

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFO <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE 1 OF 12 PAGES
1. REQUEST NO. N00173-14-Q-0337	2. DATE ISSUED 08/20/14	3. REQUISITION/PURCHASE REQUEST NO. 61-0712-14	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY Supply Officer (Code 3410)NRL Washington DC 20375-5329			6. DELIVER BY (Date) TBD	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
NAME Lillian M Moore		TELEPHONE NUMBER AREA CODE 202 NUMBER 767-3320		9. DESTINATION
8. TO:			a. NAME OF CONSIGNEE Naval Research Laboratory	
a. NAME To all Quoters		b. COMPANY		b. STREET ADDRESS 4555 Overlook Ave SW
c. STREET ADDRESS			c. CITY Washington	
d. CITY		e. STATE	f. ZIP CODE	d. STATE DC
				e. ZIP CODE 20735
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 09/02/14		IMPORTANT: This is a request for information, and quotations furnished are not officers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.		

11. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	See attached continuation sheets				
12. DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS NUMBER PERCENTAGE

NOTE: Additional provisions and representations ☐ are ☐ are not attached.

13. NAME AND ADDRESS OF QUOTER			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION	
a. NAME OF QUOTER			16. SIGNER		b. TELEPHONE AREA CODE	
b. STREET ADDRESS						
c. COUNTY						
d. CITY		e. STATE	f. ZIP CODE	c. TITLE (Type or print)		NUMBER

STANDARD FORM 36 JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-16.101		CONTINUATION SHEET		REF. NO. OF DOC. BEING CONT'D N00173-14-Q-0337		PAGE OF 2 12	
NAME OF OFFEROR CONTRACTOR							
To all Quoters							
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT		
0001	<p>Closed Cycle Cryostat for ultra-low vibration SPM application Model CS204SF-DMX-20 Custom</p> <p>System includes the following components:</p> <p>a. 1-Closed-Cycle Cryocooler, (<4k - 350k) Actual sample temperature depends on experimental heat loads Pneumatically driven for low sample vibrations; (3) 1.33" CF ports welded to 8" CF flange for RF/Optical fiber feedthrough; eye bolts for lifting cryostat from cryocooler motor housing Bare coldhead cooling power: 0.2W @4.2K; 14W @77K Model #DE-204SF, brand name or equal</p> <p>b. 1- Helium compressor Water cooled, 2.3L/min (.6 gal/min) 208-230V, 60Hz, 1 phase (3.6 kW) Model # ARS-4HW, brand name or equal</p> <p>c. 2 - Superflex helium hoses, 1 set, 10 ft Model #HH-SF-5-10, brand name or equal</p> <p>d. 1- Ultra low vibration interface 8"CF flange interface for vacuum shroud, 3.5 nm level vibrations or better with independent cryostat mount, stainless steel construction Custom modification for larger sample space: Vacuum shroud OD: <4.3" Sample space with radiation shield: >3.4: (maximized on a best effort basis) Model #DMX-20 Custom, brand name or equal</p> <p>e. 1 - Cold tip extension: - 24" (specified at time of order) Sample will be centered at point of customer provided drawings Model #M-DE-XT-2,brand name or equal</p> <p>f. 1 - Radiation shield gold plated OFHC copper Radiation shield ID (sample spaces): >3.4" Sample space will be maximized based upon -4.3" OD vacuum shroud limitation due to integration with room temperature magnet bore, Model #RSD-20 custom, brand name or equal</p> <p>g. 1 - Feedthrough: (2) electrical, RF installed on 8" CFRF feedthroughs are installed on 1.33" CF ports for RF connector: See Ceramtec part #16545-01-CF (brand name or equal) For cabling: see Astrolab, 31086T (brand name or equal) semi-rigid coaxial cable</p>	1	ea				

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NAME OF OFFEROR CONTRACTOR To all Quoters							
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT		
	h. 1 - Instrumentation for temperature control 10 pin hermetic feedthrough, non-nickel plated connector Non-magnetic, durable metallized thermo-foil heater Cernox sensor CX-1070-SD-4L, brand name or equal, sensor at cold tip for temperature control in high magnetic fields i. Installation kit and technical manuals j. 1 Standard 3-year ARS warranty - Includes cryocooler						
0002	32 - pin electrical feedthrough (non-magnetic plating) 32 copper wires installed	1	ea				
0003	Integrated lakeshore temperature controller Includes interconnecting cable Two sensor inputs, 75W total heater power Autotuning for PID control loop ethernet, USB, and IEEE-488 interfacing, Model #LS-335, brand name or equal	1	ea				
0004	Stand for mounting cryocooler, variable height adjustment, aluminum construction, Model #STND-202-3	1	ea				
0005	Additional Cernox sensor for sample calibrated Cernox sensor (CS-1070-SD-4L) for accurate sample temperature measurement (+mK sensor accuracy -4k to 325K) Model #CX-1070-2D-4L, brand name or equal	1	ea				
0006	Super-Soft OFHC copper braids for sample cooling (2) Model #CA-FLX-BR-2, brand name or equal	1	ea				
	Please fax quotation to Lillian Moore @202-767-1708 or email to: lillian.moore@nrl.navy.mil. You may also FEDEX to: Naval Research Laboratory, 4555 Overlook Ave, SW, Code 3411, Washington DC 20375						
	Note: Any questions concerning this Request for Quotation (RFQ) should be emailed to SolQnA@nrl.navy.mil at least five (5) days prior to the closing date shown in Block 10 on page 1 of this RFQ.						
	Please attach a Published Price List or a Cost Breakdown to the quotation.						